U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



Name of Offering ( check if this is an amendment Auctionworks, Inc. Sale of Senior Secured Converged Conve			
Filing Under (Check Box(es) that apply):	le 504	5 <b>⊠ Rule 506</b>	Section 4(6) ULOE
Type of Filing: New Filing Amendmen	t ·		
A.	BASIC IDENTIFICA	TION DATA	
1. Enter the information requested about the issuer			
Name of Issuer (☐ check if this is an amendment Auctionworks, Inc.	and name has change	d, and indicate change.)	<del></del> 04043896
Address of Executive Offices (Address Five Concourse Parkway, Suite 2200 Atlanta	Georgia 30328	Telephone Number 678-248-3343	r (Including Area Code)
Address of Principal Business (Address Operations (if different from Executive Offices)	3)	Telephone Number	r (Including Area Code)
Brief Description of Business			
The Company develops fixed-price storefronts we shipping for multiple purchases, automated eBay  Type of Business Organization			
<b>⊠ corporation</b> ☐ limited partnership, a		other (please specify):	
business trust limited partnership, to	o be formed		
Actual or Estimated Date of Incorporation Organiza	Month October	Year <b>99</b> X	Actual Estimated
Jurisdiction of Incorporation or Organization: (Ente		al Service abbreviation for nada; FN for other foreign	

**PROCESSED** 

OCT 0 6 2004

**2**THOMSON FINANCIAL

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner		General and/or Managing Partner
Full Name (Last name first, if individual) Peters, Jr., Alec		· · · · · · · · · · · · · · · · · · ·
	Code)	
Five Concourse Parkway, Suite 2200, Atlanta, Georgia 30328		
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer ☐ Director	General and/or Managing Partner
Pull Name (Last name first, if individual)  Peters, Jr., Alec  Business or Residence Address (Number and Street, City, State, Zip Code)  Five Concourse Parkway, Suite 2200, Atlanta, Georgia 30328  Check Box(es) that Apply:		
Business or Residence Address (Number and Street, City, State, Zip C	Code)	
Two Embarcadero Center, Suite 2200, San Francisco, California	94111	
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer ☐ Director	
Full Name (Last name first, if individual)  Freishtat, Gregg		,
Business or Residence Address (Number and Street, City, State, Zip C 5860 Winterthur Drive, Atlanta, Georgia 30328	(ode)	
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer ☐ Director	
Full Name (Last name first, if individual)  Eurek, Paul		
Business or Residence Address (Number and Street, City, State, Zip C 333 Northpoint Center East, Suite 270, Alpharetta, Georgia 30022	•	
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer Director	r General and/or
Full Name (Last name first, if individual)  Doug Hadaway		
Business or Residence Address (Number and Street, City, State, Zip C 5 Concourse Parkway, Suite 2200, Atlanta, Georgia 30328	dode)	
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer ☐ Director	General and/or
Full Name (Last name first, if individual)  Crosslink Ventures IV, L.P		
Business or Residence Address (Number and Street, City, State, Zip C	ode)	
Attn: Jason Sanders, Two Embarcadero Center, Suite 2200, San F	Francisco, California 94111	
Name (Last name first, if individual)   Promoter		
Full Name (Last name first, if individual) Offshore Crosslink Omega Ventures IV		
	ode)	

Check Box(es) that Apply: ☐ Promoter ☐	Beneficial Owner [	Executive Officer	☐ Director	General and/or
Full Name (Last name first, if individual) Crosslink Crossover Fund IV, L.P.				
Business or Residence Address (Number and Stre		•		· · · · · · · · · · · · · · · · · · ·
Attn: Jason Sanders, Two Embarcadero Cente			11	
Check Box(es) that Apply:  Promoter	Beneficial Owner [	Executive Officer	☐ Director	General and/or
Full Name (Last name first, if individual)				
Number 3 Investment Partners, LP				
Business or Residence Address (Number and Stre	et, City, State, Zip Code	2)		
Attn: Gregg Freishtat, 5860 Winterthur Drive,				
Check Box(es) that Apply:  Promoter	Beneficial Owner [	Executive Officer	Director	☐ General and/or
Full Name (Last name first, if individual)				
Imlay, Jr., John P.				<del> </del>
Business or Residence Address (Number and Stre		e)		
945 E. Paces Ferry Road, Suite 2450, Atlanta,				
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first, if individual)				
Cyberstarts, Inc.				
Business or Residence Address (Number and Stre	et, City, State, Zip Code	2)	-	
Attn: Ashish Bahl, 7 Riverly Place, NW, Atlan	ta, Georgia 30327	•		
	Beneficial Owner [	Executive Officer	Director	General and/or
Full Name (Last name first, if individual)	•		•	
Parsons, Patricia D.				
Business or Residence Address (Number and Stre	et City State Zin Code	3)		
2820 Sugarloaf Club Drive, Duluth, Georgia 30	- · · · · · · · · · · · · · - ·	·)		
	Beneficial Owner [	Executive Officer	Director	General and/or
		•		•
Full Name (Last name first, if individual)				
First Data Corporation				
Business or Residence Address (Number and Stre				
Attn: Alan Silberstan, 5660 New Northside Dr	ive, Suite 1400, Atlant	a, Georgia 30328	— — — — — — — — — — — — — — — — — — —	
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	∐ Director	☐ General and/or
Full Name (Last name first, if individual)				
Kendrick, John K. and Yvonne C.				
Business or Residence Address (Number and Stre	et, City, State, Zip Code	e)		
1478 Helmer Road, Riverdale, Georgia 30296	, , , , , , , , , , , , , , , , , , ,	•		

				B. II	NFORMA	TION AB	OUT OFF	ERING				
1. H	as the issue	r sold, or d			o sell, to n				_		Yes	s No □
			11	digwer uibe	птирропс	in, comin		g under Or				
2. V	That is the m	ninimum in	vestment th	nat will be	accepted fr	om any inc	dividual?	•••••	•••••••	•••••	••••	NONE
3. D	oes the offe	ring permi	t joint own	ership of a	single unit	?		••••••		••••••	Yes	No 🖂
ir sa de m	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											
N/A												
. (( N/A	Check "All S	States" or c	heck indiv	idual State	s)		•••••••				🗆	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full N	ame (Last n	ame first, i	f individua	ıl)								
Busin	ess or Resid	ence Addre	ess (Numbe	er and Stree	et, City, Sta	ate, Zip Co	de)					
Name	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  N/A  (Check "All States" or check individual States)											
States	in Which P	erson Liste	d Has Soli	cited or Int	ends to So	licit Purch	asers					
((	Check "All S	States" or c	heck indiv	idual State:	s)	****************			•••••••	•••••		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]		1										
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\$\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ <u>-0-</u>	\$ <u>-0-</u>
	Equity	\$ <u>-0-</u>	\$ <u>-0-</u>
	☐ Common ☐ Preferred		
	Convertible Securities	\$2,500,000	\$ <u>700,000</u>
	Partnership Interests	\$ <u>-0-</u>	\$ <u>-0-</u>
	Other (Specify)	\$ <u>-0-</u>	\$ <u>-0-</u>
	Total	\$ <u>2,500,000</u>	\$ <u>700,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		4
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	<u>2</u>	\$ <u>700,000</u>
	Non-accredited Investors	<u>-0-</u>	\$ <u>-0-</u>
	Total (for filings under Rule 504 only)	<u>N/A</u>	\$ <u>N/A</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504, or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.	Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505	·	\$ <u>-0-</u>
	Regulation A		\$ <u>-0-</u>
	Rule 504	<u> </u>	\$ <u>-0-</u>
	Total		\$ <u>-0-</u>

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$ <u>-0-</u>
	Printing and Engraving Costs			\$ <u>-0-</u>
	Legal Fees		$\boxtimes$	\$ <u>10,000</u>
	Accounting Fees			\$ <u>-0-</u>
	Engineering Fees			\$ <u>-0-</u>
	Sales Commissions (specify finders' fees separately)			\$ <u>-0-</u>
	Other Expenses (blue sky filing fees)			\$ <u>250</u>
	Total		$\boxtimes$	\$ <u>10,250</u>
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			\$ <u>689,750</u>
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or			
	proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.	Payments to Officers, Directors & Affiliates		Payments To Others
	purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross	Officers, Directors &		<u>-</u>
	purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.	Officers, Directors & Affiliates		Others
	purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.  Salaries and fees	Officers, Directors & Affiliates		Others \$ <u>-0-</u>
	purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.  Salaries and fees	Officers, Directors & Affiliates  \$-0-		Others \$ <u>-0-</u> \$ <u>-0-</u>
	purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.  Salaries and fees	Officers, Directors & Affiliates  \$-0- \$-0-		Others \$ <u>-0-</u> \$ <u>-0-</u> \$ <u>-0-</u>
	purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.  Salaries and fees	Officers, Directors & Affiliates  \$-0- \$-0- \$-0- \$-0-		\$ <u>-0-</u> \$ <u>-0-</u> \$ <u>-0-</u> \$ <u>-0-</u>
	purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.  Salaries and fees	Officers, Directors & Affiliates  \$-0- \$-0- \$-0- \$-0-		\$-0- \$-0- \$-0- \$-0-
	purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.  Salaries and fees	Officers, Directors & Affiliates  \$-0- \$-0- \$-0- \$-0- \$-0-		\$\frac{0-}{\$-0-}\$\$\frac{5-0-}{\$\frac{5-0-}{5-0-}}\$
	purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.  Salaries and fees	Officers, Directors & Affiliates  \$-0- \$-0- \$-0- \$-0- \$-0- \$-0- \$-0-		\$\frac{\$-0-}{\$-0-}\$\$\frac{\$-0-}{\$-0-}\$\$\$\frac{\$-0-}{\$269,750}\$\$\$\$

#### D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
Auctionworks, Inc.	De Surany	September 2 \$2004
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Doug Hadaway	President and Chief Financial Officer	

#### **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	•			
• •	•	FORM D		
	E. STA	TE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subje provisions of such rule?		Yes	No
	See Appendix, C	Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to an Form D (17 CFR 239,500) at such times as required by st	•	tice is filed, a	notice on
3.	The undersigned issuer hereby undertakes to furnish to the issuer to offerees.	e state administrators, upon written request, infor	mation furnish	ed by the
4.	The undersigned issuer represents that the issuer is familia Limited Offering Exemption (ULOE) of the state in which availability of this exemption has the burden of establishing	h this notice is filed and understands that the issue		
	e issuer has read this notification and knows the contents to dersigned duly authorized person.	be true and has duly caused this notice to be sign	ned on its beha	lf by the
Īss	uer (Print or Type)	Signature	Dat	e
Au	ctionworks, Inc.	Dellaway	September	<b>24</b> ;2004
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)	<u></u>	

Doug Hadaway

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

President and Chief Financial Officer

# APPENDIX

1		2	3		4			5	<u> </u>	
1		_			·			Disquali		
								under	State	
	T4	11ء - ما ا	Type of security					UL		
	1	d to sell accredited	and aggregate offering price		Type of inv	estor and		if yes, attach explanation of		
		rs in State	offered in state		amount purcha			waiver granted)		
		B-Item 1)	(Part C-Item 1)		(Part C-I			(Part E-	Item 1)	
			Senior Secured	Number of		Number of			1	
	! 		Convertible	Accredited		Non-				
State	Yes	No	Promissory Notes and Warrants	Investors	Amount	Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA										
СО										
CT										
DE										
DC										
FL										
GA		X	Senior Secured	2	\$700,000	0	0		X	
			Convertible Promissory Notes		•					
			and Warrants							
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KY										
LA					d. , , , , , , , , , , , , , , , , , , ,					
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MD										
MA										
MI										
MN										
MS					7.83					
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MT										
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## APPENDIX

1	T	2	3	4				5	
-		_						Disquali	
								under	State
į			Type of security					UL	
	1	nd to sell	and aggregate		T			if yes,	
Ì	1	accredited ors in State	offering price offered in state		Type of inve amount purchas			explana waiver g	
}		B-Item 1)	(Part C-Item 1)		(Part C-It	em 2)		(Part E-	
ļ	<del>                                     </del>	T		Number of		Number of			
				Accredited		Non-			
State	Yes	No		Investors	Amount	Accredited Investors	Amount	Yes	No
NV						XIII V GSCGIB			
NH									
NJ									1
NM									
NY									
NC									
ND									
ОН									
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									